

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15057

State File No.

FILED MAY 31 1955

BIRTH NO. REG. DIST. NO. 98 PRIMARY REG. DIST. NO. 4165 Registrar's No. 58

1. PLACE OF DEATH a. COUNTY <u>Clay</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Clay</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Gallatin</u>		c. CITY OR TOWN <u>Jamesport</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Cox Rest Home</u>		e. STREET ADDRESS (If rural, give location) <u>6310</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>OLIVE</u> b. (Middle) <u>LOCKRIDGE</u> c. (Last) <u>LOCKRIDGE</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 14 1955</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>	8. DATE OF BIRTH <u>Aug. 30 - 1869</u>
9. AGE (In years last birthday) <u>85</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Clay Co. Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13. BIRTHPLACE (City and State or Foreign Country) <u>Clay Co. Mo.</u>	
13a. FATHER'S NAME <u>L. V. Lockridge</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Gillilan</u>	
14. NAME OF HUSBAND OR WIFE <u>Mr. Tom Brown</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	
16. SOCIAL SECURITY NO. <u>Unknown</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Tom Brown</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Edema of Lung</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Congestive Heart Failure</u> DUE TO (c) <u>Arteriosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4341</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify)	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from <u>Jan 5</u> , 19 <u>55</u> , to <u>May 14</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>May 13</u> , 19 <u>55</u> , and that death occurred at <u>4:30</u> a.m., from the causes and on the date stated above.	
23a. SIGNATURE <u>J. B. Bailey</u>		23b. ADDRESS <u>Jamesport Mo</u>	
23c. DATE SIGNED <u>5-17-55</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>5-16-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Jamesport Memorial</u>	
24d. LOCATION (City, town, or county) (State) <u>Jamesport Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. L. Roberson</u>	
DATE REC'D BY LOCAL REG. <u>21 May 1955</u>		REGISTRAR'S SIGNATURE <u>Virginia M. Conquest</u>	
26. FUNERAL DIRECTOR'S ADDRESS <u>Jamesport Mo</u>		27. EMBALMER'S SIGNATURE <u>W. L. Roberson</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *J. L. Roberson*.....
Licensed Embalmer No. *324*

P. O. Address *Jones*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.